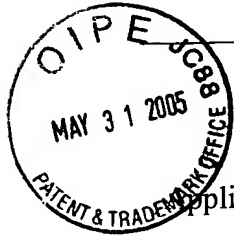


Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : VanSkiver, et al.  
 App. No : 10/715,994  
 Filed : November 18, 2003  
 For : HINGED THERAPEUTIC  
 MOUTHPIECE  
 Examiner : Johnson III, Henry M.  
 Art Unit : 3739

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 26, 2005

(Date)

Rose M. Thiessen, Reg. No. 40,202

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 8 pages.
- (X) Power of Attorney
- (X) Terminal Disclaimer Under 37 CFR § 1.321

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	20 - 20 = 0	2202 (\$25)	0 x 25 =	\$0
Terminal Disclaimer				\$65.00
Independent > 3	5 - 5 = 0	2201 (\$100)	0 x 100 =	\$0
<b>TOTAL FEE DUE</b>				<b>\$65.00</b>

- (X) Return prepaid postcard.
- (X) Check for \$65 for Terminal Disclaimer Fee

Docket No.: GVANS.001C1

May 26, 2005

App. No.: 10/715,994

Page 2 of 2

Please Direct All Correspondence to Customer Number **20995**

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Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Rose M. Thiessen

Registration No. 40,202

Attorney of Record

Customer No. 20,995

(949) 760-0404

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